#### **Application Data Sheet**

**Application Information** 

## Application number:: Filing Date:: Regular Application Type:: Subject Matter:: Utility Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: LUMINESCENT METAL ION COMPLEXES Title:: Attorney Docket Number:: 019079-001610US No Request for Early Publication:: Request for Non-Publication:: No Suggested Drawing Figure:: 7 **Total Drawing Sheets:** Small Entity?:: Yes Latin name:: Variety denomination name:: Petition included?:: No Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One:: Secrecy Order in Parent Appl.:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ronald

Middle Name:: M.

Family Name:: Cook

Name Suffix:: Ph.D.

City of Residence:: Novato

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 7 Meadow Lane

City of Mailing Address:: Novato

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94947

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Matt

Middle Name::

Family Name:: Lyttle

Name Suffix::

City of Residence:: Point Reyes Station

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 251 B Street

City of Mailing Address:: Point Reyes Station

State or Province of mailing address:: CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94956

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Mary

Middle Name::

Katherine

Family Name::

Johansson

Name Suffix::

Ph.D.

City of Residence::

El Cerrito

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

867 Seaview Drive

City of Mailing Address::

El Cerrito

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94530

### **Correspondence Information**

Correspondence Customer Number::

20350

#### Representative Information

Representative Customer Number::

20350

# **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This Application

An Appn claiming benefit under 35 USC 60/420,485

10/21/02

119(e) of

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::